

REIMBURSEMENT REQUEST

GET ACCOUNT NUMBER	
Purchaser's Name	Purchaser's Social Security Number
Student's Name	Student's Social Security Number

Directions:

1. Please select the term and academic year for which you are requesting Reimbursement

- | | | | |
|---------------------------------|---------------------------------|----------------|--|
| <input type="checkbox"/> Fall | <input type="checkbox"/> Winter | Academic Year: | <input type="checkbox"/> Fall 2004 - Summer 2005 |
| | | | <input type="checkbox"/> Fall 2005 - Summer 2006 |
| <input type="checkbox"/> Spring | <input type="checkbox"/> Summer | | <input type="checkbox"/> Fall 2006 - Summer 2007 |

2. Please indicate the appropriate type and amount of the reimbursement.

<input type="checkbox"/> Tuition and fees	\$ _____	Room and Board	Must be a half-time or full-time student for Room and Board reimbursement
<input type="checkbox"/> Textbooks	\$ _____	<input type="checkbox"/> On Campus	(Student must be at least a half-time student) \$ _____
<input type="checkbox"/> Equipment	\$ _____	<input type="checkbox"/> Off Campus (not at home)	(amount cannot exceed \$2500.00) \$ _____
<input type="checkbox"/> Supplies	\$ _____	<input type="checkbox"/> Off Campus (at home)	(amount cannot exceed \$1500.00) \$ _____
		TOTAL AMOUNT REQUESTED \$ _____	

3. Indicate below who you would like the check payable to:

NOTE: Payments made to the student beneficiary REQUIRE notarization and check will be sent to the address on file

- | | |
|---|---|
| <input type="checkbox"/> Make the check payable to the <u>PURCHASER</u> | <input type="checkbox"/> Make the check payable to the <u>STUDENT</u> beneficiary |
| | REQUIRES notarization - see section 4 |

4. Notary Section – REQUIRED ONLY for checks payable to the student beneficiary

State of _____
 County of _____

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Date: _____

Signature: _____

(seal or stamp)

Title: _____

My appointment expires: _____

I certify that this reimbursement request is for qualified educational expenses as defined by Internal Revenue Code Section 529. I understand that I am responsible for determining whether the expenses for which these funds are used are qualified or non-qualified, and for reporting the 10% of earnings penalty for non-qualified distributions on my federal tax return. I also understand that I am responsible for maintaining adequate records to substantiate qualified higher education expenses. Qualified educational expenses include, the costs of tuition, fees, books, supplies, and equipment required for the enrollment or attendance at an eligible educational institution. IRS rules on qualified and non-qualified higher education expenses can be found at www.irs.gov/pub/irs-pdf/p970.pdf.

Requests for reimbursement should not exceed the balance remaining in the beneficiary's GET account for the academic year of the request.

Printed name of Purchaser	Signature of Purchaser	Date
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